

**MIAMI COUNTY HEALTH DEPARTMENT FOOD PERMITS**

**25 Court Street, Suite 211, PERU, IN 46970**

**Phone: 765-473-0284; 765-473-0283; fax 765-473-0285**

**APPLICATION FOR A PERMIT TO OPERATE  
A RETAIL FOOD ESTABLISHMENT**

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24 and Miami County Food Operation Ordinance 7-18-05 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Miami County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit unless establishment is seasonal which shall be made prior to reopening.

***YOUR PERMIT IS NON-TRANSFERABLE***

Any change of ownership or location requires a new permit. All permits expire December 31<sup>st</sup> of each year. A new or change of ownership purchased on or after July 1 will have the permit fee reduced by 50%. **You must fill out this form completely and accurately.** Return the signed original form and the proper fee (\$60.00 for all establishments) to the Miami County Health Department. Submitting does not guarantee a permit will be issued. Late Fee: \$25.00 if not paid by January 31.

Any changes in the information provided should be reported to the Health Department.

**This permit is for the submitted menu only.**

**NON-PROFIT ONLY**

*No permit fee shall be paid by an organization that is exempt from taxation under Section 501 of the Internal Revenue Service code. Events conducted by the organization under this section take place no more than 15 days in any calendar year. This section does not prohibit an exempted organization from waiving the exemption for a license under this chapter. A copy of tax exemption required.*

*Our organization waives the exemption.*

*Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_*

**Name of Establishment:** \_\_\_\_\_

The name commonly used or known, or the "doing business as" name.

**Location of Establishment:** \_\_\_\_\_

The physical location of the establishment. This may not be the same as the mailing address.

**Establishment Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The legal mailing address of the business by which the local operator or manager may be reached.

**Business Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Number which rings at the local business.

**Business Owners Name:** \_\_\_\_\_

The person or corporation which owns the business. In a small business this may be the manager.

**Business Owners Address & Phone #:** \_\_\_\_\_

The person or corporation which owns the business.

**On-Site Manager's Name:** \_\_\_\_\_

The person responsible for the daily operation and is available at the business.

**Certified Food Handler's Name & Position:** \_\_\_\_\_

Certificate and photo ID card must be available at establishment & a copy of each sent with application

**(Continued on back)**

**Number of Employees:** \_\_\_\_\_

Indicate maximum number of employees working for food establishment.

**Building Owner's Name:** \_\_\_\_\_

The person or company which owns the physical structure which houses the business.

**Building Owner's Address:** \_\_\_\_\_

**Building Owner's Telephone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

If the operator or manager has an e-mail address, show it here.

**Emergency Telephone:** \_\_\_\_\_

Number which will reach some one in authority in case of an emergency when business is closed.

**Must Submit Menu** \_\_\_\_\_

A permit will not be issued without this information

**Where is food prepared:** \_\_\_\_\_

**Establishments Daily Opening & Closing Times:**

Show the actual opening and closing times of the business. Be exact!

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thur: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

**If seasonal opening and closing dates:** Open: \_\_\_\_\_ Close: \_\_\_\_\_

**Public Water Supply** \_\_\_Yes \_\_\_No **Public Sewage Disposal:** \_\_\_Yes \_\_\_No

If the business is served by a public utility, mark yes. If private well or sewage disposal mark no.

**Is there Off Site Catering from this Location?** \_\_\_Yes \_\_\_No

(If yes, is Proper Equipment available for safe handling, transport, and hand washing when required? \_\_\_Yes \_\_\_No)

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

(The person who fills out the application needs to sign it, plus title.)

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY**

☐ Food Handling Establishment

☐ Non Food Handling Establishment

Menu Type: 1 2 3 4 5

Receipt Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Payment Received: \$ \_\_\_\_\_

Date Expires: last day of calendar year